

New _____
 Renewal _____
 Date Received: _____



Program Financial Assistance Application

Participant Name _____

Program/Choir/Ensemble _____

Years in SCS _____ Total number of persons in household _____

Parent/Guardian (s) _____

Phone Number (s) _____ Email _____

Briefly explain any situations that you feel are relevant to your request for financial aid/scholarship assistance.

Approximate Annual Household Income \$ _____

Do you qualify for government assistance such as food stamps, HUD, WIC, etc. _____

Office Use Only

Worksheet

Status: _____

Financial Aid OR Scholarship Fund

Reduced % Offered _____ Reduced \$ _____

Accepted _____

Declined _____

Notes: _____

Please allow up to 14 days for processing.